

Schochub

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020527

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

156
FILED JUN 3 1963

Primary Registration District No.

2001

Registrar's No.

272

VS 300
Rev. 4/59

1 0499

2 0490

3

4 0

5 1

6

7 0

8 1

9 493X

10

11

12 3-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Joplin

Length of stay in lb
Lifetime

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Johns Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
RR#3, Box 60

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

DEWEY

H.

SILL

4. DATE OF DEATH

Month

Day

Year

May 21, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-1-1898

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Contract Driller

10b. KIND OF BUSINESS OR INDUSTRY
Drilling

11. BIRTHPLACE (City and state or country)
Jasper County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Henry Sill

13b. MOTHER'S MAIDEN NAME

Rebecca Jane Shewmaker

14. NAME OF HUSBAND OR WIFE

Ethel Sill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel Sill, RR#3, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Consolidating Pneumonia, Left

INTERVAL BETWEEN ONSET AND DEATH
48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-20-63 to 5-21-63 and last saw her alive on 5-21-63
Death occurred at 11:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thornhill-Dillon Mortuary, Joplin, Mo.

5-27-1963

Dovie Merriam

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.